

Checklists are to be filled out by member of the legal staff - i.e., Associate/Technical Specialist -
NOT TO BE FILLED OUT BY SECRETARY - Paperwork including Amendment should be in FINAL Form

Checklist for Amendments and Responses

SECRETARY _____	ATTY DOCKET NO. _____
HANDLING ATTY. _____	TIME RCVD. _____
CHECKER <u>Deje</u>	

Checker TS/Assoc

Checker TS/
Assoc

Postcard

____ docket number
 ____ application number
 ____ filing date
 ____ title
 ____ list of all items including number of pages
 ____ express mail no
 ____ attorney/agent name
 ____ date
 ____ correct filing fee

Fax Cover Sheet

____ serial no.
 ____ first named inventor
 ____ correct fax no. (703) 872-9306
 ____ from signing attorney
 ____ attorney docket no.
 ____ total pages including fax cover sheet
 ____ certificate of facsimile included

Certificate of Facsimile

____ date
 ____ name of signing attorney
 ____ correct fax no.
 ____ list of all items being filed

Amendment Transmittal -

must be submitted if amending claims

____ cert. (w/ appropriate MS) of express mail/fax
 ____ application no./attorney docket no.
 ____ filing date
 ____ examiner
 ____ group art unit
 ____ applicants
 ____ title
 ____ amount of claims correct
 ____ highest no. previously paid for is correct
 ____ indication of mult. dep. claims (if applicable)
 ____ correct total fee (\$0.00)
 ____ indication of small entity status
 ____ amt & auth. to charge dep. order account
 ____ auth. to charge/credit dep. order account
 ____ atty/agent name and number
 ____ date

Transmittal (SB-21) - To be used if there are no claim amendments - instead of Amend Trans - not in addition to

____ application number
 ____ filing date
 ____ first named inventor
 ____ group art unit and examiner
 ____ attorney docket no.
 ____ list all items being submitted
 ____ postcard listed under other enclosures
 ____ name and reg. no. of person signing
 ____ date
 ____ cert. of express mail/fax w/ appropriate MS

Amendment

____ certificate of express mail/facsimile
 ____ attorney docket no.
 ____ inventor(s)
 ____ application no.
 ____ filing date
 ____ title Alb
 ____ group art unit and examiner
 ____ If Prel. Amend. addressed to Commissioner (No MS)
 ____ If Before Final addressed to MS Amendment
 ____ If After Final addressed to MS AF
 ____ application no. and group art unit in header
 ____ correct mailing date of Office Action
 ____ correct paper number if noted in Amendment
 ____ each section beings on a separate sheet - (amends to spec., claims, to drawings & remarks)
 ____ amends to spec use replace. figs are marked to show changes
 ____ amends to drawings use replacement figs - "Replacement Sheet" must appear in top margin
 ____ amended drawing sheet includes all figures appearing in prior version of sheet (even those not amended)
 ____ amended drwg sheet includes all drawings on sheet in prior version - not just drwg being amended
 ____ if claims amended - complete set included
 ____ correct status identifiers used & full text of all pending withdrawn claims, if applicable are included and counted
 ____ claims if amended counted correctly w/ claim check sheet
 ____ name and reg. no. of person signing
 ____ date
 ____ terminal disclaimer (if requested in OA)

Optional Items for Inclusion

____ Request for Extension of Time
 ____ IDS
 ____ Notice of Appeal
 ____ Sequence Listing

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Checklist for Amendments and Responses

Checker /	TS/Assoc /		Checker /	TS/Assoc /	
		Fee Transmittal			PTO Form SB-08
		_____ application number			_____ application number
		_____ filing date			_____ filing date
		_____ first named inventor			_____ first named inventor
		_____ examiner			_____ group art unit
		_____ group art unit			_____ examiner
		_____ attorney docket no.			_____ sheet _____ of _____
		_____ indication of small entity (if applicable)			_____ attorney docket no
		_____ total amount of payment			
		_____ indicate method of payment			Notice of Appeal
		_____ deposit order account number			_____ attorney docket no.
		_____ appropriate boxes checked			_____ inventor(s)
		_____ number of total claims correct			_____ application number
		_____ number of indep. claims correct			_____ filing date
		_____ Section 2 claim fees correct			_____ title
		_____ Section 3 – additional fees as appropriate			_____ group art unit
		_____ *(please check for all cases filed after December 8,			_____ examiner
		_____ 2004, when amending the specification to include			_____ fee amount
		_____ additional pages)			_____ indication that applicant claims small entity status (if
		_____ Section 4 additional fees as appropriate			_____ applicable) and correct fee
		_____ name & reg. no. of signing atty/agent			_____ authorization to charge/credit account and Dep. Account
		_____ date			_____ No.
		_____ certificate (w/ approp. MS) of exp.			_____ indication that petition for extension of time is enclosed
		_____ mail/facsimile			_____ (where appropriate)
					_____ name and reg. no. of person signing
					_____ date
					_____ cert. of express mail addressed to MS AF
		Request for Extension of Time			Sequence Listing
		_____ attorney docket no.			_____ consecutive page numbers & docket no.
		_____ application number			_____ proper PTO format
		_____ filing date			_____ properly labeled diskette
		_____ title			_____ trans letter – paper & crf are same – if substitute – must
		_____ group art unit			_____ say contains no new matter
		_____ examiner			
		_____ correct no. of months being requested			VOUCHER – to Deposit Order Account
		_____ claim small entity status (if applicable)			DEDOCKET SHEET – COMPLETED
		_____ correct fee amount & auth. to charge acct.			
		_____ name & reg. no. of person signing			REPORTING LETTER
		_____ date			_____ most up to date letterhead
		_____ certificate of express mail			_____ correct serial no.
					_____ correct title
		IDS			_____ correct inventor(s)
		_____ inventor(s)			_____ correct filing date of amendment/response
		_____ serial no.			_____ correct docket number
		_____ filing date			
		_____ title			
		_____ attorney docket no.			
		_____ group art unit			
		_____ examiner			
		_____ certificate of express mail			
		_____ name and reg. no. of person signing			
		_____ date			